



New Construction Application

Community Development/Planning Dept.
401 N. Madison St., Spring Hill, KS 66083
(913) 592-3657 • (913) 592-5040 FAX
planning@springhillks.gov • www.springhillks.gov

OFFICE USE ONLY

Building Permit: _____

Authorized by: _____ Date: _____

Permit Fee (including Plan Review Fees) \$ _____

Sewer: Deferred or Non-Deferred (circle one)

Water: Deferred or Non-Deferred (circle one)

To the City of Spring Hill, Kansas:

The undersigned is the owner – duly authorized agent – contractor of the owner of the following described real property:

Property Address: _____ Lot No. _____ Block No. _____

Subdivision: _____ Phase/Plat: _____ County: Johnson Miami

Type of Zoning (Residential Projects): R-1 RP-1 R-2 RP-2 R-3 RP-3 R-4 RP-4

Type of Zoning (Commercial Projects): C-O C-1 C-2 CP-2 MP M-1

Type of Building Permit: New Construction Remodel/Restoration Residential Addition

Plan Name (for new construction only): _____

General description of building or structure (i.e. NSF home, basement finish): _____

Please indicate the square footage for the following:

- FLOOR AREA: 1st floor _____ 2nd floor _____ GARAGE: _____ DECK: _____
- FINISHED BASEMENT: _____ UNFINISHED BASEMENT: _____ OTHER (brief desc) _____ Total Area: _____

VALUATION OF PROJECT: \$ _____

- NEW Construction Formula – approx. selling price of house, minus cost of lot, minus sewer/water connection fee
- OTHER Construction Formula – approx. cost of project (labor & materials)

Contractor Information

Company Name: _____

Contact Name: _____ Check One: Owner Agent Contractor

Address: _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

License # & Jurisdiction: _____

Mechanical Contractor

Company Name: _____

Address: _____

Phone: _____

License # & Jurisdiction: _____

Electrical Contractor

Company Name: _____

Address: _____

Phone: _____

License # & Jurisdiction: _____

Plumbing Contractor

Company Name: _____

Address: _____

Phone: _____

License # & Jurisdiction: _____

Framing Contractor

Company Name: _____

Address: _____

Phone: _____

License # & Jurisdiction: _____

I affirm that the information provided is true and correct, and I agree to conform to all regulations of the City of Spring Hill covering this type of work. I state that the work done is performed by the licensed contractor as outlined above. I understand failure to comply with these provisions may result in the revocation of this permit and/or contractor license.

Applicant Name (print) _____ Applicant Signature _____

Phone _____ E-mail _____ Date _____

Please refer to the Building Requirements Checklist for details regarding the application submittal process.